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Attorneys for 286 Rider Ave Development LLC

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

In re:

**286 Rider Ave Acquisition LLC,

Debtor.**

Chapter 11-

Case No. 21-11298 -(LGB)

VERIFICATION OF PAYMENTS

286 Rider Ave Development LLC files the within verification of payments confirming that the payments provided for in Paragraphs 1 and 2 of Order of Dismissal and Related Relief [ECF No. 403], as amended have been made, see attached wire confirmations of funds transmitted to the Professionals.

Dated: April 12, 2022
New York, New York

Respectfully submitted,

By: /s/ Douglas Spelfogel
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*Attorneys for 286 Rider Ave Development
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WIRE CONFIRMATIONS

[Print this Page](#)**Transfer status: In Process****Order Number: 383290466****Transfer Accounts****From:** 286 Rider Holdings 8975 :**To:** Robinson Brog (Signature Bank of New York)**Transfer Details****Send amount**

Send amount: \$297,924.82

Additional fee: \$30.00

Transfer description**Transfer dates**

Frequency: One time, immediately

Delivery speed: Same Day

Start on date: 04/12/2022

Estimated delivery date: 04/12/2022

Note:The receiving bank may make funds available later than this.

[Print this Page](#)**Transfer status: In Process****Order Number: 383292790****Transfer Accounts****From:** 286 Rider Holdings 8975 :**To:** Buchwald Capital Advisors LLC (Chase Bank)**Transfer Details****Send amount**

Send amount: \$155,373.78

Additional fee: \$30.00

Transfer description**Transfer dates**

Frequency: One time, immediately

Delivery speed: Same Day

Start on date: 04/12/2022

Estimated delivery date: 04/12/2022

Note:The receiving bank may make funds available later than this.

BANK OF AMERICA

Customer Information

Name: 286 RIDER AVE HOLDINGS LLC Address: 679 DRIGGS AVE
 Phone: (917)652-9292 BROOKLYN
 NY 11211-4023 US

Account Information

Account: BUS_8975
 Account Title: 286 RIDER AVE HOLDINGS LLC
 Requester Name: MIRIAM GROSS

Wire Information

Wire Type: DOMESTIC Wire Date: 04/12/2022
 Country: US Wire Amount (USD): 500,000.00
 Currency of Recipient Account: USD
 Source: IN PERSON
 ID Verification/Type: U.S. DRIVER'S LICENSE (WITH OR WITH
 ID Verification/Type: BANK OF AMERICA DEBIT CARD, ATM Wire Fee: 30.00
 CAR

Recipient Information

Recipient Name: MORRISON COHEN, LLP Bank Name: HSBC BANK USA NATIONAL ASSOCIATION
 Account Number Type: ACCOUNT NUMBER Bank ID: 021001088
 Account Number: 610044460 Address: 829 10TH AVE
 Address: NEW YORK NEW YORK
 NEW YORK US NY 10019 US

Information about payment:

Purpose of Payment: OTHER Additional Phone Advice:
 Additional Reference: CLIENT NUMBER 029220-0005 Additional Bank
 Information: Instructions:

Customer Approval

I authorize Bank of America to transfer my funds as set forth in the instructions herein (including debiting my account if applicable), and agree that such transfer of funds is subject to this Funds Transfer Agreement (see disclosure pages of this form) and applicable fees. If this is a foreign currency wire transfer, I accept the conversion rate provided by Bank of America at the time the wire is sent. Exchange rates are determined by Bank of America, N.A. in our sole discretion. You may be able to get a better exchange rate if you handle this transaction online instead of in the financial center. Please see the Funds Transfer Agreement for further information regarding our exchange rates. For a Consumer International wire: We rely on you, the customer, to inform us of the currency of the receiving account (denoted under 'Currency of Recipient Account') so that we may disclose the exchange rate for conversion in the wire process. If you chose to send USD rather than the foreign currency of the receiving account, we will honor your choice, however, we will not be able to provide exchange rate information. Additionally, so that we may provide required disclosures, you must remain in the financial center until we provide you the Remittance Transfer Receipt (RTR). If you leave prior to receiving the RTR, we will cancel the international remittance transfer.

Customer Signature  Date of Request 4/12/2022

IMPORTANT: FOR EACH WIRE Indicate Method of Signature Verification: (must complete one of the below)

Not Applicable (check box if no signature verification is required) <input type="checkbox"/>	Signature Card (check box if signature card was reviewed) <input type="checkbox"/>	Business Resolution (check box if business resolution was reviewed) <input type="checkbox"/>	Posted Check# (reference PRO for date guidelines) (complete field below) Check # _____	Leader Exception Granted (leader must place their initials or signature in box below) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Exception Reason: _____
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For Bank Use Only: Financial Center Information

Financial Center Name	NORTH 4TH AND BERRY	Date:	April 12, 2022
Company #/Cost Center #:	00487 1000868	Phone #:	718-473-3539
Initiating Associate Name:	MTCHEDLISHVILI, EKA	Remittance ID #:	B6K8TPSFE